Office	State of the Witherfed	
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERV	ATION DIVISION	30-025-07521
<u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM	, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM PROPOSALS.)	EN OD DI LIC DACK TO A	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other:		8. Well Number: 231
2. Name of Operator Occidental Permian Ltd.	JAN 1 4 2016	9. OGRID Number: 157984
3. Address of Operator	RECEIVED	10. Pool name or Wildcat Hobbs (G/SA)
2611 State Hwy 214 Denver City, TX 79323		
4. Well Location		
Unit Letter K_: 2310 feet from the So Section 32 Township		N N N N N N N N N N N N N N N N N N N
Section 32 Township 18S Range 38E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RT, GR, etc.)		
3630' (KB)		
12. Check Appropriate Box to Inc	dicate Nature of Notice,	Report or Other Data
		SEQUENT REPORT OF:
NOTICE OF INTENTION TO: SUB		
TEMPORARILY ABANDON 🛛 CHANGE PLANS		
	CASING/CEMEN	ТЈОВ
OTHER:	OTHER:	
 Describe proposed or completed operations. (Clearly of starting any proposed work). SEE RULE 19.15.7. 		
proposed completion or recompletion.	i i i i i i i i i i i i i i i i i i i	
1 MIDI DI		
 MIRU PU POOH w/ ESP equipment 	During this	procedure we plan to use
3 Set CIBP @ 3850' and cap with 35' of CMT (This puts CIBP ~50' the closed-		loop system with a steel
 above the top perf at 3900') 4. Perform MIT 4. Contents to the required disposal per ODC Rule 19.15.17 		
5. Install TA wellhead	disposal pe	Obe the present
6. RDMO PU		
Spud Date: Rig R	elease Date:	
I hereby certify that the information above is true and complete	e to the best of my knowledg	e and belief.
	, ,	
SIGNATURE Stave Small TITLE	Lift SpecialistDA	TE_1/12/2016
Type or print name Steve Snead E-mail address	steve_snead@oxy.com	PHONE: 806-592-6312
For State Use Only		
APPROVED BY: Bill Somamah TITL	E SLAC Man	694 DATE 1/15/16
Conditions of Approval (if any):		
		JAN 1 9 2016

N	M
U	N